

BROWNLEE PRIMARY SCHOOL



Intimate Care Policy **2020**

This policy was adopted by the Board of Governors in November 2020 taking into account the current COVID-19 guidelines and restrictions.

It will be reviewed by the Board of Governors in September 2022 or at such times as new guidance becomes available or relevant legislation is passed.

Introduction

This Policy and Guidelines have been developed to safeguard children and staff in conjunction with the Area Child Protection Committee's Regional Policy and Procedures April 2005. They apply to everyone involved in the intimate care of children in our school.

The purpose of this policy is:

- To safeguard the rights and promote the best interests of the children;
- To ensure children are treated with sensitivity and respect, and in such a way that their experience of intimate care is a positive one;
- To safeguard adults required to operate in sensitive situations;
- To raise awareness and provide a clear procedure for intimate care;
- To inform parents/carers in how intimate care is administered;
- To ensure parents/carers are consulted in the intimate care of their children.

Definition

Intimate care may be defined as any activity required to meet the personal care needs of each individual child. Parents have the responsibility to advise staff of any intimate care needs of their child, and staff have a responsibility to work in partnership with children and parents. Intimate care can include:

- Feeding;
- Oral care;
- Washing;
- Dressing/undressing - Supporting a pupil with dressing/undressing;
- Toileting - Assisting a pupil who has soiled him/herself, has vomited or feels ill;
- Menstrual care - Providing advice to enable a pupil to attend to their own needs;
- Supervision of a child involved in intimate self-care.

Providing comfort or support for a distressed pupil and assisting a pupil requiring medical care, who is not able to carry this out unaided are also considered as intimate care.

Principles of Intimate Care

The following are the fundamental principles upon which the policy is based:

- Every child has the right to be safe;
- Every child has the right to personal privacy;

- Every child has the right to be valued as an individual;
- Every child has the right to be treated with dignity and respect;
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities;
- Every child has the right to have levels of intimate care that are as consistent as possible.

Responsibilities of Staff involved with intimate care:

- At Brownlee Primary School all staff are Access NI checked on application. Therefore, all individuals who provide intimate care will have been vetted correctly;
- The Principal/Designated teacher for child protection must ensure that all staff undertaking the intimate care of children are familiar with and understand the Intimate Care Policy and Guidelines. Staff should also be aware that this policy and guidelines have been developed in conjunction with associated Policy and Procedures e.g. ACPC Regional Policy and procedures 2005, Safeguarding Vulnerable Groups (Northern Ireland) Order 2007;

Due to COVID-19 restrictions, all staff members must wear appropriate Personal Protective Equipment when providing intimate care and where possible should maintain social distancing.

- All staff must have an awareness of the specific types of intimate care that they carry out and fully understand the Intimate Care Policy and Guidelines within the context of their work;
- Intimate care arrangements must be agreed by the school, parents/guardian and child (if appropriate) through the distribution of the school policy and by the parents signing a written consent form;
- Signed consent forms will be kept in the school office as part of pupil data collection procedure at the start of each year. If a parent/guardian does not give permission or requires alternative arrangements made for their child, then this will also be recorded in the consent file;
- If a staff member has concerns about an intimate care practice they must report this to their Designated Teacher for Child Protection (Mrs McFarland) or the Deputy Designated Teacher for Child Protection (Mrs Duffy).

Intimate Care Arrangements Supporting Dressing/Undressing

Sometimes it will be necessary for staff to aid a child in getting dressed or undressed particularly in Nursery and Foundation Stage. Staff will always encourage children to attempt undressing and dressing unaided.

Providing Comfort or Support

Children may seek physical comfort from staff particularly in Nursery and Foundation Stage. Where children require physical support, staff need to be aware that physical contact must be kept to a minimum and be child initiated. When comforting a child or giving reassurance, the member of staff's hands should always be seen and a child should not be positioned close to a member of staff's body which could be regarded as intimate. If physical contact is deemed to be appropriate, staff must provide care which is suitable to the age, gender and situation of the child. If a child touches a member of staff in a way that makes him/her feel uncomfortable this can be gently but firmly discouraged in a way which communicates that the touch, rather than the child, is unacceptable.

Administering Medication (*See Administering Medication Policy*)

It is preferable that medication is administered at home before or after school. Due to current COVID-19 restrictions, we want to restrict the number of items that are brought to and from school in order to reduce the risk of infection. Therefore, if at all possible, please keep medication at home. However if it is necessary for a child to receive medicine during the school day parents/guardians must fill out a AM2 or AM3 form from the school office or school website and discuss their child's needs with a member of staff before the school agrees to administer medicines or medical care. Any administering of medication must also be sanctioned by the Principal. Parents and carers should be made aware that staff administration of medicines is voluntary. Any member of staff giving medicine to a pupil should check:

- The pupil's name;
- Prescribed dose;
- Expiry date;
- Written instructions provided by parents or doctor;
- Safe storage, handling and disposal of medicines.

The Principal has prime responsibility for the safe management of medicines kept at school. Medicines should be kept in a place not accessible to pupils. Arrangements must be in place to ensure that any medication that a pupil might need in an emergency is readily available to them.

Medical Conditions

If a child has a medical condition which is likely to lead to soiling and subsequent staff intervention, specific medical advice may be sought from outside agencies and the parents will be asked to sign a permission form so that staff can clean and change their child if necessary. If a parent does not give consent, the school will contact the parents or other emergency contact giving specific details about the necessity for cleaning the child. If the parents or emergency contact are able to come promptly, the child will be comforted and kept away from the other children to preserve dignity until the parent arrives. If parents/guardians cannot be contacted -

staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.

Soiling

Staff from Brownlee Primary School will work together in partnership with parents to support each child towards independent use of the toilet. If there is a need to tend to a child who has soiled themselves during the school day, staff will respond sensitively and professionally. If 'accidents' occur the child will change themselves into dry clothing, and wet items will be sent home for washing. The child's independence will be encouraged as far as possible in his/her intimate care and reassurance given. A record of the incident will be kept in school and the parent will be informed as soon as possible by phone. This will then be followed up by a note home or verbally at home collection time and the parents will be requested to return the borrowed items of clothing when laundered. If there is an occurrence of heavier soiling or vomiting, this may require staff to provide care at a more personal level. Staff will follow set procedures for this intimate care:

- If possible, the child will be removed to a less public place to maintain dignity and avoid a feeling of humiliation;
- If appropriate, the child will be encouraged, through guidance and assistance, to clean themselves to make them more comfortable.
- Parents should be contacted as soon as possible;
- Staff will provide further intimate care in the following situations
 1. If parents/guardians cannot be contacted - staff will decide on the most appropriate care to minimise any stress, discomfort or anxiety the child may be experiencing.
 2. If the parents/guardians are unable to come to school.
 3. If the child is very distressed or suffering unduly.
 4. Intimate care will only be provided to older children in extreme circumstances. It is anticipated that older children will be able to manage any circumstances given guidance or assistance.

If staff are providing intimate care, two members of staff will be in the vicinity at all times e.g. the second staff member could be in the adjacent room with the adjoining door open. If incidents of soiling are a regular occurrence then a pupil care plan will need to be put in place after consultation between the school, the pupils' parent's/guardians and if appropriate, other outside agencies.

Please note: The well-being and dignity of the child will remain paramount at all times during any incident requiring intimate care.

Hygiene

PPE must be worn at all times by staff during the provision of intimate care.

All staff must be familiar with normal precautions for avoiding infection. They must follow basic hygiene procedures and have access to protective, disposable gloves and aprons.

Protection for Staff

Members of staff need to be aware of the potential danger of allegations being made against them and take precautions to avoid this risk. These should include:

- If staff are providing intimate care two members of staff will be in the vicinity at all times e.g. the second staff member could be in the adjacent room with the adjoining door open.
- Gaining a verbal agreement from another member of staff that the action being taken is necessary.
- Allow the child, wherever possible, to give verbal consent to the person assisting them.
- Allow the child a choice in the sequence of care.
- Be aware of and responsive to the child's reactions

Guidelines for Good Practice

All children have the right to be safe and to be treated with dignity and respect. These Guidelines are designed to safeguard children and staff. They apply to every member of staff involved with the intimate care of children. Adhering to these guidelines of good practice should safeguard children and staff.

- Involve the child in their intimate care - Try to encourage a child's independence as far as possible in his/her intimate care. Where the child is fully dependant, talk to them about what is going to be done and give them choice where possible.
- Remain supportive at all times and be consistent in approach and what you say to a child during intimate care e.g.

"Please do not be worried, I am here to help you,"

"Are you happy for me to,"

"Is that better?"

"Please tell me if you wish me to stop,"

"Is there anything else I can do to help you?"

- Treat every child with dignity and respect and ensure privacy appropriate to the child's age and situation. Do not display shock or distaste at a child's injury or condition.
- Be aware of your own limitations. Only carry out care activities you understand and feel competent and confident to carry out. If in doubt, ask.

- Promote positive self-esteem and body image. Confident, self-assured children who feel their body belongs to them are less vulnerable to sexual abuse.
- If you have any concerns you must report them.
- It is important to follow the school's reporting and recording procedures.
- Parents/guardians must be informed about concerns.

Monitoring and Evaluation

This policy will be reviewed every 2 years or earlier if necessary.

For further information, please refer to:

Regional Area Child Protection Committee Child Protection Procedures – April 2005

DENI Circular 2017/04 Safeguarding in Schools

Safeguarding Vulnerable Groups (Northern Ireland) Order 2007.